

**Before the  
New Hampshire Board of Medicine  
Concord, New Hampshire 03301**

In the Matter of:  
William J. Monafo, M.D.

**VOLUNTARY SURRENDER OF LICENSE**

I have resigned my license to practice medicine in the Commonwealth of Massachusetts, which is a final act which deprives me of all privileges of registration and is not subject to reconsideration or judicial review and which resignation was a disciplinary action reportable to any national data reporting agency. *See Attached Resignation and Order* of the Commonwealth of Massachusetts, Board of Registration in Medicine ("Mass. Board") Adjudicatory Case Number 2005-065, effective December 21, 2005.

I acknowledge that this resignation shall be viewed as professional misconduct pending before the New Hampshire Board of Medicine ("NH Board"). I acknowledge that the NH Board is authorized to take reciprocal action based upon these final orders of the Mass. Board pursuant to NH RSA 329:17-c and Medical Administrative Rule ("Med.") 504.01.

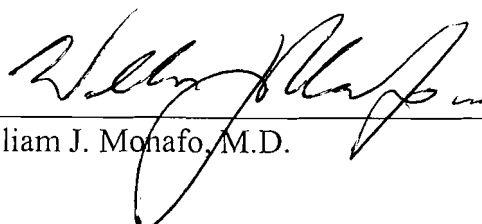
My resignation of license to practice medicine in the Commonwealth of Massachusetts resolved allegations that I committed misconduct by breaching the physician/patient relationship and was effective December 21, 2005. Understanding that the NH Board is authorized to impose reciprocal disciplinary sanctions against my license to practice medicine in the State of New Hampshire pursuant to NH RSA 329:17, VI; NH RSA 329:17-c and Med 504.01(b); I, William J. Monafo, M.D., hereby voluntarily surrender my

New Hampshire license (#8802) effective on the date that the Board accepts this offer of voluntary surrender.

By voluntarily surrendering my license, I understand that:

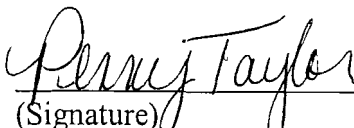
1. I relinquish all rights and privileges to practice medicine in the State of New Hampshire effective upon the NH Board's acceptance of this voluntary surrender.
2. I admit that this license surrender has occurred in settlement of pending disciplinary charges.
3. I admit to no violations of NH RSA 329: 17, but recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action.
4. I agree that I shall not again seek licensure in the State of New Hampshire.
5. I understand that if the NH Board chooses to accept my surrender of license, this document shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific finding of professional misconduct. I recognize that the fact of my voluntary surrender will be distributed by the NH Board as a disciplinary action. I further understand that this document shall become a permanent part of my file, and will be maintained by the NH Board as a public document.
6. I voluntarily submit this surrender of license to the NH Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

IN WITNESS WHEREOF, I hereby affix my signature on this 2<sup>nd</sup> day of  
June, 2006.

  
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William J. Monafio, M.D.

ACCEPTED BY THE BOARD OF MEDICINE on this 7<sup>th</sup> day of June,  
2006.

Date: June 12, 2006

  
\_\_\_\_\_  
(Signature)

PENNY TAYLOR  
\_\_\_\_\_  
(Print or Type Name)  
Authorized Representative of the  
New Hampshire Board of Medicine